

2026

Plan Name Enrollment Code	Annual Deductible	Annual Out of Pocket Max	Medical Account HRA/HSA/PCA	Primary Care Office Visit	Specialist Office Visit	Hospital Inpatient	Hospital Outpatient	Medical Emergency	Prescription Drugs Retail Tier 1 Generic
Aetna Advantage S/Z24 S+1/Z26 and F/Z25 ND Network	\$2,000 \$4,000	\$7,500 \$15,000	N/A	30%	30%	30%	30%	30%	T1-\$10, T2-45%
Aetna HealthFund CDHP S/H41 All Aetna Plans ND Network	\$1,000	\$5,000	HRA \$1,000	15%	15%	15%	15%	15%	T1-\$10, T2-50%max\$200, T3-50%max\$300
S+1/H43 and F/H42	\$2,000	\$10,000	HRA \$2,000						
Aetna HealthFund Value S/H44 S+1/H46 and F/H45 ND Network	\$700 \$1,400	\$6,000 \$12,000	N/A N/A	\$25	\$40	20%	20%	20%	T1-\$10, 30%max\$600, T3-50%max\$600
Aetna HealthFund Direct S/N61 S+1/N63 and F/N62 ND Network	\$1,600 \$3,200	\$6,000 \$12,000	HRA \$900 HRA \$1,800	20%	20%	20%	20%	20%	T1-\$6, T2-30%max\$600, T3-50%max\$600
Aetna HealthFund HDHP S/224 All Aetna Plans ND Network	\$1,800	\$6,900	HSA \$800	15%	15%	15%	15%	15%	T1-\$10, T2-50%max\$200, T3-50%max\$300
S+1/226 and F/225	\$3,600	\$13,800	HSA \$1,600						
APWU CDHP S/474 S+1/476 and F/475	\$2,200 \$4,400	\$6,500 \$13,000	PCA \$1,200 PCA \$2,400	15%	15%	15%	15%	15%	T1&2- 25%min\$15max\$200
APWU High S/471 S+1/473 and F/472	\$450 \$800	\$6,500 \$13,000	N/A N/A	\$25	\$25	15%	15%	15%	T1-\$10, T2-25%max\$200, T3-45%max\$300
BCBS Basic S/111 S+1/113 and F/112	None None	\$7,500 \$15,000	N/A N/A	\$35	\$50	\$425/day \$2,975max	\$250/day	Urg: \$50 \$425	T1-\$15, T2-35%max\$150, T3-60%

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BCBS Blue Focus S/131	\$500	\$9,000	N/A	\$10 1st 10 visits then 30%	\$10 1st 10 visits then 30%	30%	30%	Accident \$0 Urgent \$25 30%	T1-\$5, T2-40%max\$350
S+1/133 and F/132	\$1,000	\$18,000	N/A	\$10 1st 10 visits then 30%	\$10 1st 10 visits then 30%				
BCBS Standard S/104	\$350	\$6,000	N/A	\$30	\$40	\$350 per stay	15%	Urgent: \$30 15%	T1-\$7.50, T2-30%, T3-50% Mail(90) T1-\$15, T2-15%max \$150, T3-20%max\$250
S+1/106 and F/105	\$700	\$12,000	N/A	\$30	\$40				
Compass Rose Standard S/424	\$500	\$9,000	N/A	\$10	\$30	30%	30%	30%	T1-\$5, T2-40%max\$400, T3-No coverage
S+1/426 and F/425	\$1,000	\$18,000	N/A	\$10	\$30				
Check Compass Rose Networks									No Ded any tier
Compass Rose High S/421	\$350	\$6,000	N/A	\$15	\$25	\$200 per stay, No Ded	10%	10%	T1-\$5, T2-\$50, T3-40%or\$75, No Ded any tier
S+1/423 and F/422	\$700	\$12,000	N/A	\$15	\$25				
GEHA HDHP S/341	\$1,800	\$6,000	HSA/HRA \$1,000	5%	5%	5%	5%	In 5%	In T1-25%, T2-40%
S+1/343 and F/342	\$3,600	\$12,000	HSA/HRA \$2,000	5%	5%	In Network	Network	Network	
GEHA High S/311	\$500	\$7,500	N/A	\$30	\$45	\$200 up to 5 days, then 20%	20%	30%	T1-\$10, T2-25%max\$250, T3-40%max\$400
S+1/313 and F/312	\$1,000	\$15,000	N/A	\$30	\$45				
GEHA Standard S/314	\$500	\$8,000	N/A	\$35	\$50	25%	25%	35%	T1-\$10, T2-40%max\$350, T3-60%max\$550
S+1/316 and F/315	\$1,000	\$16,000	N/A	\$35	\$50				
GEHA Elevate S/254	\$750	\$10,600	N/A	\$10	\$30	25%	25%	35%	T1-\$10, T2-50%max\$500, T3-no coverage
S+1/256 and F/255	\$1,500	\$21,200	N/A	\$10	\$30				
GEHA Elevate Plus S/251	\$200	\$7,000	N/A	\$30	\$50	20%	20%	25%	T1-\$15, T2-=\$100, T3-50%
S+1/253 and F/252	\$400	\$14,000	N/A	\$30	\$50				

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HealthPartners High S/V31	None	\$7,500	N/A	\$45	\$45	\$500 Ded.	\$500 Ded.	\$45 Urgent	T1-\$5, T2-\$25, T3-\$75, T4-
S+1/V33 and F/V32 ND Network	None	\$15,000	N/A	\$45	\$45	Then 20%	Then 20%	\$350	60%
HealthPartners Standard S/V34				\$0 for 5 visits then	\$0 for 5 visits then				
All HP Plans ND Network -- No Coverage in Wisconsin	\$750	\$9,000	N/A	20%	20%	20%	20%	20%	T1-\$5, T2-\$25, T3-\$75, T4-60%
S+1/V36 and F/V35	\$1,500	\$18,000	N/A	\$0 for 5 visits then 20%	\$0 for 5 visits then 20%				
MHBP Standard S/454	\$350	\$6,000	N/A	\$20	\$30	\$200 then 10% No Ded	10%	\$50 Urgent \$200	T1-\$5, T2-30%max\$200, T3-50%max\$200
S+1/456 and F/455	\$700	\$12,000	N/A	\$20	\$30				
MHBP Value S/414	\$600	\$6,600	N/A	\$30	\$50	20%	20%	20%	T1-\$10, T2-45%max\$300, T3-75%max\$500
S+1/416 and F/415	\$1,200	\$13,200	N/A	\$30	\$50				
MHBP HDHP S/481	\$2,000	\$6,500	HSA/HRA \$1,200	\$15	\$15	\$75/day max \$750	\$75	\$150	T1-\$10, T2-30%, T3-50%
S+1/483 and F/482	\$4,000	\$13,000	HSA/HRA \$2,400	\$15	\$15	per stay			
SAMBA High S/441	\$300	\$5,000	N/A	\$15	\$25	\$200 per stay, no room & board, 15%	15%	15%	T1-\$10, T2-30%max\$100, T3-45%max\$300
S+1/443 and F/442	\$600	\$10,000	N/A	\$15	\$25	all other			
SAMBA Standard S/444	\$350	\$6,000	N/A	\$20	\$30	\$200 per stay, no room & board, 20%	20%	20%	T1-\$12, T2-35%max\$150, T3-50%max\$300
S+1/446	\$700	\$12,000	N/A	\$20	\$30				
F/445	\$900	\$12,000	N/A	\$20	\$30	all other			